

EDUCATION QUICKFUND\$ FOR ORGANIZATIONS & SCHOOLS-FORM 8

All applicants should read the guideline instructions to correctly complete this application. Neatly handwrite or type in 12-point. Fill in all questions and fields. Answer any required narrative questions, fill out (www.arts.idaho.gov/grants/applic.aspx),

and complete the checklist (www.arts.idaho.gov/grants/applic.aspx).

QuickProject

Start Date: _____ End Date: _____

(QuickProjects cannot begin until 3 weeks after deadline.)

Applicant Organization/School (official IRS name) _____

Contact Name and Title _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip _____ County _____

Phone: Day _____ Evening _____

Fax _____ E-mail _____ Web site _____

☐ This is a new address or ☐ phone number.

☐ Applicant is acting as a Fiscal Agent
(www.arts.idaho.gov/grants/orgoverview.aspx)

◆ U.S. Congressional District 1 ☐ or District 2 ☐

◆ State Legislative District _____
(www.arts.idaho.gov/resources/leg.aspx)

Is yours a nonprofit organization? ☐ yes (*include IRS tax determination letter*) ☐ no

Federal Tax ID# _____ (*required*)

Number of years doing business in Idaho _____

If applicable, write the title or a short summary of this project in the space below. List project partners.

If you have received a grant, did you submit the required Final report? ☐ yes ☐ no

Authorizing Signatures

I certify that the information contained in this application, including attachments and support materials, is true and correct to the best of my knowledge. I have read and agree to comply with the *Legal Requirements* (www.arts.idaho.gov/grants/leg.aspx) of accepting this grant.

Applicant/Project Director

Date

Authorizing Official (person able to legally obligate the applicant)

Date